

# Statement of Priorities

2016-17 Agreement between Minister for Health and Eastern Health.

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# Contents

<b>Background</b> .....	<b>4</b>
<b>Policy directions and priorities</b> .....	<b>5</b>
Government commitments .....	5
<b>Part A: Strategic overview</b> .....	<b>8</b>
Mission statement.....	8
Service profile .....	8
Strategic planning .....	8
Strategic priorities .....	9
<b>Part B: Performance priorities</b> .....	<b>16</b>
Quality and safety .....	16
Governance and leadership .....	17
Access and timeliness .....	17
Financial sustainability.....	18
<b>Part C: Activity and funding</b> .....	<b>19</b>
<b>Part D: Service Level Agreement for the purposes of the National Health Reform Agreement</b> .....	<b>21</b>
<b>Accountability and funding requirements</b> .....	<b>22</b>

# Background

Statements of Priorities are key accountability agreements between Government and Victorian publicly funded health, mental health and ambulance services. The content and process for preparation and agreement of the annual Statement of Priorities is consistent with sections 65ZFA and 65ZFB of the *Health Services Act 1988*.

Statements of Priorities are consistent with the health services' strategic plans and aligned to government policy directions and priorities. The annual agreements support the delivery of or substantial progress towards the key shared objectives of quality and safety, good governance and leadership, access and timeliness, and financial sustainability.

A Statement of Priorities consists of four parts:

- Part A provides an overview of the service profile, strategic priorities and deliverables the health service will achieve in the year ahead.
- Part B lists the performance priorities and agreed targets.
- Part C lists funding and associated activity.
- Part D forms the service agreement between each health service and the state of Victoria for the purposes of the National Health Reform Agreement.

Performance expectations and mechanisms used by the Department of Health and Human Services to monitor and manage performance are described in the *Victorian Health Service Performance Framework* and the *Victorian Health Agency Monitoring and Intervention*.

High standards of governance, transparency and accountability are essential. In this context, the Victorian Government commits to publish Statements of Priorities by 1 November each year and place more data about the performance of our health system into the public domain.

# Policy directions and priorities

The Victorian Government is committed to treating more patients sooner, support ongoing efforts to improve the overall health and wellbeing of Victorians by investing in the Victorian health system, and to work with Victoria's doctors, nurses, paramedics and others across the sector to increase capacity and improve access to high quality care for all Victorians. The Victorian Government continues to invest in hospital capacity to support current and future demand across the state. Government will work with all health, mental health and ambulance services to ensure all Victorians, no matter where they live or their socioeconomic status, are able to access the care they need. High-quality person-centred healthcare will be provided by a diverse and adaptable workforce with the right mix of skills to meet the needs and expectations of consumers.

To support a healthy population and sustainable health system, the Government is committed to an increased focus on prevention, community and primary health services, care in the home and health promotion.

Whether it's through building new facilities, providing extra funding and resources, or promoting better health outcomes in the community; the Victorian Government is committed to securing a stronger and more reliable health system for all Victorians.

The Better Care Victoria Innovation Fund will provide funding for sector-led innovation projects and support the development of innovation capability across the state. In 2016–17 the Better Care Victoria Innovation Fund will have \$10 million to invest across Victoria. Funded projects will be required to demonstrate a strong ability to significantly improve timely and appropriate access to high-quality care for Victorians. Initially this investment will be across five focus areas: chronic complex medical patients; outpatients; care outside the hospital walls; variance in practice in delivering defined areas of care; and the 24-hour health system.

## Government commitments

### Improving health services

- Funding to enable health services to respond to growing patient demand across Victoria (\$978.4 million). Targeted services include emergency department presentations, intensive care, maternity admissions, specialist clinics, palliative care, chemotherapy, radiotherapy and subacute care.
- Additional elective surgery activity to meet existing demand and significantly reduce waiting times (\$335 million).
- The *2016-17 Victorian Budget* invests an additional \$356 million in mental health and drug treatment funding, which will help deliver the Government's 10-year Mental Health Plan.
- Additional mental health and drug funding will increase support for Victorians with a mental illness and their families, including supporting young Victorians and responding to vulnerable children, families and trauma.
- Additional funding will assist in managing critical demand in the mental health system and ensuring people with a mental illness receive the specialist intensive care they need (\$132 million).
- Strengthening oversight of quality and safety across Victorian health services (\$16.8 million).
- Provide certainty and direction on system health design, configuration and distribution services by developing a Statewide Design, Service and Infrastructure Plan for Victoria's health system, including a series of new design, service and infrastructure plans for each of Victoria's major service streams, including cardiac, maternity and newborn, clinical mental health, surgical, cancer, and genetics services.
- Implement Victoria's 10-year mental health plan to improve the mental health and wellbeing of Victorians. Through the plan, Victorians will: have genuine choice about options and services

available; be supported through services that build optimism and hope; have universal access to high-quality, integrated public services; and access to specialist mental health services where and when needed the most.

- Report on the implementation of Victoria's 10-year mental health plan through an annual report to Parliament.
- Strengthen mental health support for marginalised Victorians including development of targeted support for Victorians with a mental illness, focusing on disadvantaged people with moderate severity mental illness, including Aboriginal, transgender and gender diverse people (\$9.9 million).
- Strengthen maternity care through the expansion of training for smaller, generally rural, services that otherwise have limited access to specialist training.
- Strengthened incident reporting mechanisms to improve hospital data timeliness and reliability, and ensure early identification of quality and safety issues.

## **Capital investments**

- Goulburn Valley Health's Shepparton campus will be redeveloped, including a new four-storey tower delivering theatres and new wards, refurbishment of the existing theatres, expansion of the Emergency Department including the addition of treatment bays and a new short stay unit, expansion of medical imaging, and the refurbishment of the maternity ward including a new Special Care Nursery (\$169 million).
- Urgent works will be completed at Footscray Hospital to improve infrastructure and engineering services while planning is undertaken for the future redevelopment of Footscray Hospital (\$61.3 million).
- Infrastructure will be upgraded across the Austin Hospital campus in Heidelberg to improve service reliability and minimise risks to patients and staff (\$40.8 million).
- Works at the Broadmeadows Surgery Centre will be undertaken to expand surgery capacity at Northern Health by providing two additional operating theatres, expanding the Central Sterile Services Department and enhancing patient reception and recovery facilities (\$17.3 million).
- Work will also begin on Australia's first specialist stand-alone heart hospital at Monash University in Clayton (\$135 million).
- A new purpose built mental health unit will be co-located and integrated with the new Monash Children's Hospital in Clayton. The new facility will deliver specialist assessment and treatment mental health services for children and adults up to 25 years of age including inpatient beds, community treatment and intensive and specialist care (\$14.6 million).
- The Victorian Government will rebuild Orygen Youth Mental Health, a major clinical and research facility for young people across Victoria with serious mental illness. This will house both Orygen Youth Mental Health Services' Clinical Program, and Orygen, the National Centre of Excellence in Youth Mental Health, combining clinical, education and training, and research services (\$59.0 million).
- A 12-bedroom facility for women, capable of also accommodating up to three young dependent children, will increase the range and number of services available to people with a mental illness and their families. This will ensure that women with an acute mental illness in the north and west of Melbourne, and their dependents, have access to a flexible, safe and appropriate facility for short stay periods (\$8.4 million).

## **Health workforce**

- Working with health services in 2016-17 to address the issues of inappropriate workplace behaviours, including bullying and harassment and create a culture and environment that supports both staff and patient safety in healthcare settings.
- Initiatives across occupational violence, bullying and harassment and worker health and wellbeing are aimed at ensuring health services are safe, respectful and healthy places to work.
- Training for up to 9,700 health and human services workers who may have contact with people who are affected by ice. Training and support will be tailored to address the specific needs of vulnerable population groups, including Aboriginal people and LGBTIQ groups (\$6 million).

## **Rural and regional health**

- The Regional Health Infrastructure Fund will allow for the upgrade of regional hospital facilities to meet the needs of their local communities (\$200 million).
- Additional ambulance services (emergency transports, non-emergency transports and treatments not requiring transport) for eligible concession card holders (\$64 million).
- Alcohol and drug residential rehabilitation services across the state will be expanded by developing an 18-20 bed residential alcohol and drug rehabilitation facility in the Grampians region servicing the Ballarat community (\$6 million).

## **Other initiatives**

- Fix ambulance services, giving paramedics the support and resources they need to save lives (\$143 million).
- Ensure access to medical cannabis, a life-changing treatment for those who are seriously ill in exceptional circumstances, through the establishment the establishment of the Office of Medicinal Cannabis and an independent Medical Advisory Committee (\$28.5 million).
- Continued prevention and early detection of perinatal depression to support new mothers experiencing depression (\$1.6 million).
- Improve ambulance response times, and build and upgrade facilities and equipment (\$5 million)
- Funding for new suicide prevention initiatives under the Victorian Government's 10-year Suicide Prevention Framework. The framework aims to halve the number of suicides over the next decade (\$27.5 million).
- Real time prescription monitoring system. Pharmacy prescription records for Schedule 8 and other dangerous medicines will be connected in real time to a centralised system, which will also be accessible to doctors (\$29.5 million).

# Part A: Strategic overview

## Mission statement

To provide positive health experiences for people and communities in the east.

## Service profile

Eastern Health provides a comprehensive range of high quality acute, sub-acute, palliative care, mental health, drug and alcohol, residential care and community health services to people and communities that are diverse in culture, age, socio-economic status, population and healthcare needs.

We deliver clinical services to more than 775,000 people in our primary catchment area from more than sixty different locations. Our services are located across 2,800 square kilometres in the east - the largest geographical catchment area of any metropolitan health service in Victoria.

Eastern Health provides services across eight Clinical Program areas. These are:

- Emergency and General Medicine;
- Women and Children;
- Specialty Medicine;
- Surgery;
- Continuing Care;
- Mental Health;
- Statewide Services including Turning Point and Spectrum;
- Ambulatory and Community Services.

We focus on achieving performance excellence in all we do, across all aspects of care for the communities we serve. We have an active education and research focus and strong affiliations with some of Australia's top universities and educational institutions. This ensures that we attract and retain the best staff to work at Eastern Health. As a progressive, responsive and innovative health service, we demonstrate our commitment to excellence through external accreditation with a range of standards including the National Safety and Quality in Health Service Standards.

## Strategic planning

Eastern Health has five strategic directions, which are each defined by four strategic goals. Our strategic directions are:

1. A provider of **GREAT** healthcare;
2. A **GREAT** patient experience;
3. A **GREAT** place to learn and work;
4. A **GREAT** partner with our communities; and
5. A **GREAT** achiever in sustainability

The Eastern Health Strategic Plan is available online at <http://www.easternhealth.org.au/about-us/publications/category-items/3-publications/6-strategic-plan-2010-15>

## Strategic priorities

In 2016-17 Eastern Health will contribute to the achievement of the Government's commitments by:

Domain	Action	Deliverables
Quality and safety	Implement systems and processes to recognise and support person-centred end of life care in all settings, with a focus on providing support for people who choose to die at home.	Monitor, report and build organisational compliance with the evidence based principles and practices relating to end of life care across Eastern Health in accordance with the performance standard 'End of Life Care Plan- Care for the Dying Person', which is consistent with the 2015 National Consensus Statement: Essential elements for safe high quality end of life care.
	Advance care planning is included as a parameter in an assessment of outcomes including: mortality and morbidity review reports, patient experience and routine data collection.	Review, monitor and build organisational compliance with the principles and practices documented within the Eastern Health performance standard 'Advance Care Planning Guideline' including data collection and reporting and optimising the rate of completion, staff awareness and adherence with these plans.
	Progress implementation of a whole-of-hospital model for responding to family violence.	Through the Family Violence working party, review existing processes, capability and partnerships to ensure a comprehensive system is in place across all service delivery streams to identify, report and respond to both suspected and confirmed instances of family violence (including elder abuse).
	Establish a foetal surveillance competency policy and associated procedures for all staff providing maternity care that includes the minimum training requirements, safe staffing arrangements and ongoing compliance monitoring arrangements.	Embed the foetal surveillance competency procedures for 100% of relevant staff providing maternity care that includes the minimum training requirements, safe staffing arrangements and ongoing compliance monitoring arrangements in accordance with best practice as detailed in the Eastern Health performance standard (policy).
	Use patient feedback, including the Victorian Healthcare Experience Survey to drive improved health outcomes and experiences through a strong focus on person and family centred care in the planning, delivery and evaluation of services, and the development of new models for putting patients first.	Building on the successful implementation of new models of care in the emergency and general medicine and continuing care programs, continue to use consumer feedback to inform improvement and innovation initiatives at all levels of the organisation with a particular focus on the identified areas of communication, courtesy and kindness and discharge management. Priority areas for the 2016-2017 financial year, will include specialist consulting services and maternity services.
	Develop a whole of hospital approach to reduce the use of restrictive practices for patients, including seclusion and restraint.	Evaluate the use of restrictive practices (seclusion and restraint) across bed based services to ensure best practice is maintained and performance exceeds relevant benchmarks.

Domain	Action	Deliverables
Access and timeliness	Ensure the development and implementation of a plan in specialist clinics to: (1) optimise referral management processes and improve patient flow through to ensure patients are seen in turn and within time; and (2) ensure Victorian Integrated Non-admitted Health data accurately reflects the status of waiting patients.	<p>Develop and commence implementation of a plan to optimise referral management processes and improve patient flow to ensure outpatients are seen in turn and within benchmarked time parameters for urgent and routine patient referrals.</p> <p>Progress the work currently underway to ensure specialist clinics are compliant with the requirements of the 'Specialist clinics in Victorian Public Hospitals access policy' including data collection and reporting in accordance with the ten identified process measures and VINAH guidelines.</p>
	Ensure the implementation of a range of strategies (including processes and service models) to improve patient flow, transfer times and efficiency in the emergency department, with particular focus on patients who did not wait for treatment and/or patients that re-presented within 48 hours.	Progress the implementation of the 'Eastern Health emergency access plan' across all areas of the organisation including actions to; improve the four hour performance target, reduce length of stay in the Short Stay Units, reduce the number of 'did not wait' patients and reduce presentations to emergency department within 48 hours of discharge.
	Identify opportunities and implement pathways to aid prevention and increase care outside hospital walls by optimising appropriate use of existing programs (i.e. the Health Independence Program or telemedicine).	<p>Implement year 1 of the Eastern Health '35,000 days' project to create well and healthy days within our community and build organisational capacity to offer the right care, in the right place, at the right time. These projects focus on three key areas of:</p> <ol style="list-style-type: none"> <li>1) Minimising deterioration in the community</li> <li>2) Treating illness in the community wherever possible</li> <li>3) Preventing readmission.</li> </ol> <p>Participate in the HealthLinks Chronic Care Initiative to enable development and implementation of an action plan to achieve diversion along with secondary and primary prevention performance targets.</p>
	Increase the proportion of patients (locally and across the state) who receive treatment within the clinically recommended time for surgery and implement ongoing processes to ensure patients are treated in turn and within clinically recommended timeframes.	Review the operating theatre templates and address factors affecting optimal utilisation of theatre capacity to ensure patients are treated in turn, within clinically recommended timeframes and that agreed performance targets continue to be met.

Domain	Action	Deliverables
	Develop and implement a strategy to ensure the preparedness of the organisation for the National Disability and Insurance Scheme and Home and Community Care program transition and reform, with particular consideration to service access, service expectations, workforce and financial management.	Review systems and processes associated with the identification and management of NDIS eligible clients and implement priority improvements to ensure; Eastern Health is prepared for the adoption of the National Disability Insurance Scheme (NDIS) and reforms within the Home and Community Care (HACC) program and eligible clients are best able to access the full range of disability support services.
	Develop and implement strategies within their organisation to ensure identification of potential organ and tissue donors and partner with DonateLife Victoria to ensure that all possible donations are achieved.	Implement strategies to optimise organ and tissue donation consistent with Donate Life Victoria and Eastern Health performance standards (policies) to ensure all potential donations are achieved. In addition, a reporting and monitoring mechanism will be established.
Supporting healthy populations	Support shared population health and wellbeing planning at a local level - aligning with the Local Government Municipal Public Health and Wellbeing plan and working with other local agencies and Primary Health Networks.	Actively participate in the newly established Eastern Melbourne Primary Health Care Collaborative through its embedded governance structure to develop a region wide 'Primary Health Care Plan' and implement identified system based improvements to enhance care processes.  Enhance primary health care services in community-based settings to support the management of chronic disease and complex conditions for people at risk of poor health outcomes across the catchment.
	Focus on primary prevention, including suicide prevention activities, and aim to impact on large numbers of people in the places where they spend their time adopting a place based, whole of population approach to tackle the multiple risk factors of poor health.	Progress implementation of the suicide prevention plan. Identify other primary prevention priorities from the 'Primary Health Care Plan' developed by the Primary Health Care Collaborative and commence implementation to address primary prevention.
	Develop and implement strategies that encourage cultural diversity such as partnering with culturally diverse communities, reflecting the diversity of your community in the organisational governance, and having culturally sensitive, safe and inclusive practices.	Finalise and commence implementation of the diversity action plan to ensure Eastern Health is responsive to the diversity of its population.

Domain	Action	Deliverables
	<p>Improve the health outcomes of Aboriginal and Torres Strait Islander people by establishing culturally safe practices which recognise and respect their cultural identities and safely meets their needs, expectations and rights.</p>	<p>Build on the successful implementation of the Closing Health Gap program of work to establish culturally safe practices for Aboriginal and Torres Strait Islander patients, including; welcoming environments, speciality Aboriginal and Torres Strait Islander staff and training programs for all Eastern Health staff and progress the implementation, monitoring and reporting of the initiatives within the Closing the Health Gap improvement plan to address the four priority areas of the Koolin Balit Strategy.</p>
	<p>Drive improvements to Victoria's mental health system through focus and engagement in activity delivering on the 10 Year Plan for Mental Health and active input into consultations on the Design, Service and infrastructure Plan for Victoria's Clinical mental health system.</p>	<p>Develop and commence implementation of an action plan to progress the aims and initiatives of the Victorian 10 Year Mental Health Plan which includes; participating in the consultations on the design, service and infrastructure plan for Victoria's clinical mental health system and map the 10 year program of work to actively deliver on the 10 year plan for Mental Health.</p>
	<p>Using the Government's Rainbow eQuality Guide, identify and adopt 'actions for inclusive practices' and be more responsive to the health and wellbeing of lesbian, gay, bisexual, transgender and intersex individuals and communities.</p>	<p>Review the Rainbow eQuality Guide to identify opportunities and associated action for Eastern Health to be more inclusive and responsive to the health and wellbeing of lesbian, gay, bisexual, transgender and intersex (LGBTI) individuals and communities and incorporate actions into the Eastern Health diversity action plan.</p>
	<p>Further engagement with relevant academic institutions and other partners to increase participation in clinical trials.</p>	<p>Develop and commence the implementation of a long term plan for research to build on the success of the previous research strategy with a specific focus on; strengthening Eastern Health's academic partnerships including becoming a member of the Monash partners academic health science centre and increasing participation in clinical trials over the next three years.</p>

Domain	Action	Deliverables
Governance and leadership	<p>Demonstrate implementation of the Victorian Clinical Governance Policy Framework: Governance for the provision of safe, quality healthcare at each level of the organisation, with clearly documented and understood roles and responsibilities. Ensure effective integrated systems, processes and leadership are in place to support the provision of safe, quality, accountable and person centred healthcare. It is an expectation that health services implement to best meet their employees' and community's needs, and that clinical governance arrangements undergo frequent and formal review, evaluation and amendment to drive continuous improvement.</p>	<p>Complete the comprehensive evaluation of clinical governance and implement identified improvements to ensure all systems and processes comply with best practice and the requirements of the Victorian Clinical Governance Framework. This will include continued focus on clinical leadership and engagement in clinical governance through further development of the clinical practice committee, clinical review committee, appropriate and effective care program and the expert advisory committees, open disclosure training, improvements to the incident management system to ensure timely and comprehensive completion of incident investigation, addressing recommendations from the VAGO review of patient safety and developing an action plan to address recommendations of the review of Quality and Safety in Victorian healthcare services commissioned by the Department of Health and Human Services.</p>
	<p>Ensure that an anti-bullying and harassment policy exists and includes the identification of appropriate behaviour, internal and external support mechanisms for staff and a clear process for reporting, investigation, feedback, consequence and appeal and the policy specifies a regular review schedule.</p>	<p>Review the Eastern Health anti-bullying and harassment performance standard (policy) to ensure it includes the identification of appropriate behaviour, internal and external support mechanisms for staff and a clear process for reporting, investigation, feedback, consequence and appeal and that it specifies a regular review schedule.</p>
	<p>Board and senior management ensure that an organisational wide occupational health and safety risk management approach is in place which includes:  (1) A focus on prevention and the strategies used to manage risks, including the regular review of these controls; (2) Strategies to improve reporting of occupational health and safety incidents, risks and controls, with a particular focus on prevention of occupational violence and bullying and harassment, throughout all levels of the organisation, including to the board; and (3) Mechanisms for consulting with, debriefing and communicating with all staff regarding outcomes of investigations and controls following occupational violence and bullying and harassment incidents.</p>	<p>Eastern Health has a well-developed OHS management system which includes development, review and publication of a suite of policies and procedures, risk management including regular risk review and reporting, incident reporting, investigation and remediation, staff training and education, staff counselling and return to work program, and OHS oversight at all levels of the organisation.</p> <p>The deliverables for the 2016-2017 year will be enhancement of organisational systems and processes for the prevention, reporting and investigation of, and response to workplace health and safety risks to maximise staff safety related to manual handling, aggression, bullying and harassment and slips, trips and falls as documented in Eastern Health's performance standards (policies), including any improvements from the Worksafe hospital intervention program.</p>

Domain	Action	Deliverables
	<p>Implement and monitor workforce plans that: improve industrial relations; promote a learning culture; align with the Best Practice Clinical Learning Environment Framework; promote effective succession planning; increase employment opportunities for Aboriginal and Torres Strait Islander people; ensure the workforce is appropriately qualified and skilled; and support the delivery of high-quality and safe person centred care.</p>	<p>Continue implementation of the industrial relations strategy which includes establishment of effective working relationships with key industrial bodies, working with VHIA and utilisation of the Eastern Health 'change management process' when organisational changes are undertaken.</p> <p>Develop and commence implementation of a long term organisation wide education plan to ensure Eastern Health has a skilled and capable workforce to support the achievement of operational and strategic priorities. This will include review and improvement of the clinical leadership training program and consideration of mechanisms to enhance education within an interdisciplinary practice model.</p> <p>Progress the implementation of actions identified in the Eastern Health Aboriginal Employment Plan including expansion of the Aboriginal apprenticeship and traineeship employment program, the Aboriginal cultural awareness training program and scholarships.</p>
	<p>Create a workforce culture that: (1) includes staff in decision making; (2) promotes and supports open communication, raising concerns and respectful behaviour across all levels of the organisation; and (3) includes consumers and the community.</p>	<p>Build a positive workforce culture through a range of mechanisms including building clinical leadership capacity, building capability for staff to speak up if they have concerns, continued focus on 'kindness and courtesy', empowering staff decision making through deployment of the performance improvement methodology and development of 'local actions' and continued inclusion of consumers and community in planning, development and clinical governance activities.</p>
	<p>Ensure that the Victorian Child Safe Standards are embedded in everyday thinking and practice to better protect children from abuse, which includes the implementation of: strategies to embed an organisational culture of child safety; a child safe policy or statement of commitment to child safety; a code of conduct that establishes clear expectations for appropriate behaviour with children; screening, supervision, training and other human resources practices that reduce the risk of child abuse; processes for responding to and reporting suspected abuse of children; strategies to identify and reduce or remove the risk of abuse and strategies to promote the participation and empowerment of children.</p>	<p>Implement the actions identified for 2016-17 in the Eastern Health child safety action plan to enhance organisation wide compliance with the Victorian Child Safe Standards including ensuring the following are in place; effective leadership arrangements, a child safe policy including a code of conduct that establishes clear expectations for appropriate behaviour with children, screening, supervision, training and other human resources practices that reduce the risk of child abuse by any personnel, processes for responding to and reporting suspected child abuse, strategies to identify and reduce or remove risks of child abuse and strategies to promote the participation and empowerment of children.</p>

Domain	Action	Deliverables
	Implement policies and procedures to ensure patient facing staff have access to vaccination programs and are appropriately vaccinated and/or immunised to protect staff and prevent the transmission of infection to susceptible patients or people in their care.	Implement and embed into practice, an integrated staff health program that enables the management of workforce immunisation including pre- employment screening and immunisation assessment for staff working in clinical areas in order to align with Australian infection control and immunisation guidelines.
Financial sustainability	Further enhance cash management strategies to improve cash sustainability and meet financial obligations as they are due.	Progress the implementation of activities identified for year 1 of the financial sustainability strategy, impacting across both operational revenue drivers (core and non-core) and cost drivers (direct and indirect).
	Actively contribute to the implementation of the Victorian Government's policy to be net zero carbon by 2050 and improve environmental sustainability by identifying and implementing projects, including workforce education, to reduce material environmental impacts with particular consideration of procurement and waste management, and publicly reporting environmental performance data, including measureable targets related to reduction of clinical, sharps and landfill waste, water and energy use and improved recycling.	Implement agreed actions for 2016-2017 from the 3 year environmental management plan and ensure all capital developments meet or exceed relevant environmental efficiency standards in relation to waste management, fleet management, water consumption, energy consumption and procurement.

## Part B: Performance priorities

The *Victorian health agency monitoring and intervention* describes the Department of Health and Human Services' approach to monitoring and assessing the performance of health agencies and detecting, actively responding and intervening in relation to performance concerns and risk. This document aligns with the measuring and monitoring element of the *Victorian health services performance framework*.

Changes to the key performance measures in 2016-17 strengthen the focus on quality and safety, in particular maternity and newborn, and access and timeliness in line with ministerial and departmental priorities.

Further information is available at <https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability>.

### Quality and safety

Key performance indicator	Target
<b>Accreditation</b>	
Compliance with NSQHS Standards accreditation	Full compliance
Compliance with the Commonwealth's Aged Care Accreditation Standards	Full compliance
<b>Infection prevention and control</b>	
Compliance with cleaning standards	Full compliance
Compliance with the Hand Hygiene Australia program	80%
Percentage of healthcare workers immunised for influenza	75%
<b>Patient experience</b>	
Victorian Healthcare Experience Survey - data submission	Full compliance
Victorian Healthcare Experience Survey – patient experience	95% positive experience
Victorian Healthcare Experience Survey – discharge care	75% very positive response
<b>Healthcare associated infections</b>	
Number of patients with surgical site infection	No outliers
ICU central line-associated blood stream infection	No outliers
SAB rate per occupied bed days <sup>1</sup>	<2/10,000
<b>Maternity and newborn</b>	
Percentage of women with prearranged postnatal home care	100%
Rate of singleton term infants without birth anomalies with APGAR score <7 to 5 minutes	≤ 1.6%
Rate of severe foetal growth restriction in singleton pregnancy undelivered by 40 weeks	≤ 28.6%

<sup>1</sup> SAB is staphylococcus aureus bacteraemia

Key performance indicator	Target
<b>Mental health</b>	
Percentage of adult inpatients who are readmitted within 28 days of discharge	14%
Rate of seclusion events relating to an acute admission - composite seclusion rate	≤ 15/1,000
Rate of seclusion events relating to a child and adolescent acute admission	≤ 15/1,000
Rate of seclusion events relating to an adult acute admission	≤ 15/1,000
Rate of seclusion events relating to an aged acute admission	≤ 15/1,000
Percentage of child and adolescent patients who have post-discharge follow-up within seven days	75%
Percentage of adult patients who have post-discharge follow-up within seven days	75%
Percentage of aged patients who have post-discharge follow-up within seven days	75%
<b>Continuing care</b>	
Functional independence gain from admission to discharge, relative to length of stay	≥ 0.39 (GEM) and ≥ 0.645 (rehab)

## Governance and leadership

Key performance indicator	Target
People Matter Survey - percentage of staff with a positive response to safety culture questions	80%

## Access and timeliness

Key performance indicator	Target
<b>Emergency care</b>	
Percentage of ambulance patients transferred within 40 minutes	90%
Percentage of Triage Category 1 emergency patients seen immediately	100%
Percentage of Triage Category 1 to 5 emergency patients seen within clinically recommended times	80%
Percentage of emergency patients with a length of stay less than four hours	81%
Number of patients with a length of stay in the emergency department greater than 24 hours	0
<b>Elective surgery</b>	
Percentage of urgency category 1 elective patients admitted within 30 days	100%
Percentage of urgency category 1, 2 and 3 elective patients admitted within clinically recommended timeframes	94%
20% longest waiting Category 2 and 3 removals from the elective surgery waiting list	100%
Number of patients on the elective surgery waiting list <sup>2</sup>	2,509
Number of hospital initiated postponements per 100 scheduled admissions	≤ 8 /100

<sup>2</sup> The target shown is the number of patients on the elective surgery waiting list as at 30 June 2017.

<b>Key performance indicator</b>	<b>Target</b>
Number of patients admitted from the elective surgery waiting list – annual total	16,830
<b>Specialist clinics</b>	
Percentage of urgent patients referred by a GP or external specialist who attended a first appointment within 30 days	100%
Percentage of routine patients referred by GP or external specialist who attended a first appointment within 365 days	90%

## Financial sustainability

<b>Key performance indicator</b>	<b>Target</b>
<b>Finance</b>	
Operating result (\$m)	0.00
Trade creditors	60 days
Patient fee debtors	60 days
Public & private WIES <sup>3</sup> performance to target	100%
Adjusted current asset ratio	0.7
Number of days with available cash	14 days
<b>Asset management</b>	
Basic asset management plan	Full compliance

<sup>3</sup> WIES is a Weighted Inlier Equivalent Separation.

## Part C: Activity and funding

The performance and financial framework within which state government-funded organisations operate is described in 'Volume 2: Health operations 2016-17' of the Department of Health and Human Services' *Policy and funding guidelines*.

The *Policy and funding guidelines* are available at <https://www2.health.vic.gov.au/about/policy-and-funding-guidelines>.

Further information about the Department of Health and Human Services' approach to funding and price setting for specific clinical activities, and funding policy changes is also available at <https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability/pricing-funding-framework>.

Funding type	Activity	Budget (\$'000)
<b>Acute Admitted</b>		
WIES DVA	747	3,680
WIES Private	17,245	60,821
WIES Public	76,951	357,050
WIES TAC	357	1,477
<b>Acute Non-Admitted</b>		
Emergency Services		57,371
Specialist Clinics - DVA		14
Home Renal Dialysis	76	4,171
Specialist Clinics - Public		34,522
Home Enteral Nutrition	489	101
<b>Aged Care</b>		
Aged Care Assessment Service		6,004
HACC	9,705	580
Residential Aged Care	21,696	1,058
<b>Subacute and Non-Acute Admitted</b>		
Transition Care - Bed days	26,280	3,942
Transition Care - Home days	8,030	442
Subacute WIES - GEM Private	832	7,924
Subacute WIES - GEM Public	1,682	17,238
Subacute WIES - Palliative Care Private	203	1,938
Subacute WIES - Palliative Care Public	501	5,135
Subacute WIES - Rehabilitation Private	489	4,657
Subacute WIES - Rehabilitation Public	1,308	13,407
Subacute WIES - DVA	223	2,762
<b>Subacute Non-Admitted</b>		

Health Independence Program - DVA		577
Health Independence Program - Public	129,763	27,905
<b>Mental Health and Drug Services</b>		
Drug Services	5,288	10,592
Mental Health Ambulatory	132,250	53,602
Mental Health Other		360
Mental Health PDRS		57
Mental Health Residential	36,525	8,031
Mental Health Service System Capacity		2,329
Mental Health Subacute	7,305	3,521
Mental Health Inpatient - Available bed days	45,656	31,121
<b>Primary Health</b>		
Community Health / Primary Care Programs	30,929	3,161
Community Health Other		756
<b>Other</b>		
Other specified funding		3,128
Health Workforce	309	13,780
<b>Total</b>		<b>743,214</b>

# Part D: Service Level Agreement for the purposes of the National Health Reform Agreement

The Victorian health system has faced a number of changes to Commonwealth funding since 2012-13. The changes to the funding arrangements announced in the 2014-15 Commonwealth Budget will continue to be applicable for the period 1 July 2016 to 30 June 2017 with funding continued to be linked to actual activity levels.

The Commonwealth funding contribution outlined in the 2016-17 Commonwealth Budget was based on estimates and has since been updated by the Administrator of the National Health Funding Pool, based on latest activity estimates from States and Territories. However, given that final funding amounts are based on actual activity, there may be adjustments to funding throughout the year as a result of reconciliations and other factors outlined below.

## Period: 1 July 2016 – 30 June 2017

	Estimated National Weighted Activity Units	Total Funding (\$)	Provisional Commonwealth Percentage (%)
Activity Based Funding	156,384	715,940,866	43.17
Other Funding		32,399,247	
<b>Total</b>		748,340,113	

### Note:

- Estimated National Weighted Activity Units may be amended by the Department of Health and Human Services following the finalisation of the 2015-16 reconciliation by the Administrator of the National Health Funding Pool
- Provisional Commonwealth Contribution Percentage is subject to change following state-wide adjustments (i.e. cross border patient flows), the 2015-16 reconciliation and Commonwealth announcements (i.e. Mid-Year Economic and Fiscal Outlook 2016-17)
- Activity loadings are included in the Estimated National Weighted Activity Units (i.e. Paediatric, Indigenous, Remoteness, Intensive Care Unit, Private Patient Service Adjustment, and Private Patient Accommodation Adjustment)
- In situations where a change is required to the Part D, changes to the agreement will be actioned through an exchange of letters between the Department of Health and Human Services and the Health Service Chief Executive Officer.

Ambulance Victoria and Dental Health Services Victoria do not receive a Commonwealth funding contribution under the National Health Reform Agreement. Dental Health Services Victoria receives Commonwealth funding through the National Partnership Agreement.

# Accountability and funding requirements

The health service must comply with:

- All laws applicable to it;
- The National Health Reform Agreement;
- All applicable requirements, policies, terms or conditions of funding specified or referred to in the *Victorian health policy and funding guidelines 2016-17*;
- Policies and procedures and appropriate internal controls to ensure accurate and timely submission of data to the Department of Health and Human Services;
- All applicable policies and guidelines issued by the Department of Health and Human Services from time to time and notified to the health service;
- Where applicable, all terms and conditions specified in an agreement between the health service and the Department of Health and Human Services relating to the provision of health services which is in force at any time during the 2016-17 financial year; and
- Relevant standards for particular programs which have been adopted e.g. International Organisation for Standardisation standards and AS/NZS 4801:2001, Occupational Health and Safety Management Systems or an equivalent standard.

## Signature

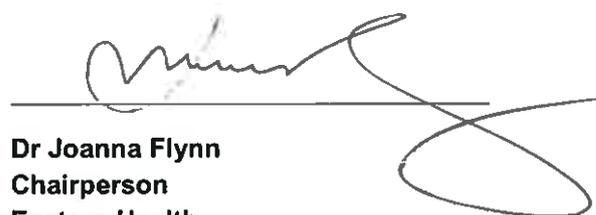
The Minister and the health service board chairperson agree that funding will be provided to the health service to enable the health service to meet its service obligations and performance requirements as outlined in this Statement of Priorities.



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**Hon Jill Hennessy MP**  
**Minister for Health**

Date: 6/9/2016



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**Dr Joanna Flynn**  
**Chairperson**  
**Eastern Health**

Date: 6/9/2016